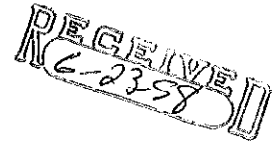


U.S. DEPARTMENT OF JUSTICE
OFFICE OF JUSTICE PROGRAMS

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Semi-Annual Cash Reconciliation Report
For the Period: 10/01/97 to 03/31/98



OJP Vendor Number: 936002155

Letter Of Credit Number: H-3

ELGIN CITY POLICE DEPARTMENT

PO Box 128
Elgin

OR 97827

Grant	Net Award	Payment Number	Payment Date	Payment Amount
95-CF-WX-1412	Begin Bal			58,861.00
	Qtrly Act	2	971126	5,269.44
	Qtrly Act	2	971126	91.56
	Award		980209	
	Qtrly Act	3	980319	2,490.45
	Qtrly Act	3	980319	2,930.55
	Qtrly Act	4	980319	58.00
Total	69,701.00			69,701.00
GRAND TOTAL	69,701.00			69,701.00

This report does not reflect payments prior to 10/01/97 or after 03/31/98.
Please confirm the correctness of our records. If the information
differs from your records, please notify us, in writing, at the
following address:

The Office of Justice Programs. Attn:Cash Reconciliation.
Accounting Division, Fifth Floor
810 Seventh Street, NW
Washington DC 20531

===== Respond ONLY if your records differ from ours =====

ATTN: Control Desk
Enter for Paperless Payment

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to which Report is Submitted U.S. Dept. of Justice Office of Justice Programs		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 95-CF-WX-1412		OMB Approval No. 0348-0039	Page 1 of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Elgin City Police Department PO Box 128 Elgin, OR 97827-0000					H3
4. Employer Identification Number 936002155		5. Recipient Account Number or Identifying Number		6. Final Report ☐ Yes ☒ No	7. Basis ☒ Cash ☐ Accrual
8. Funding/Grant Period(See Instructions) From: (Month, Day, Year) 03/01/95		To: (Month, Day, Year) 02/28/98		9. Period Covered by this Report From: (Month, Day, Year) To: (Month, Day, Year)	
10. Transactions:		I Previously Reported		II This Period	
a. Total outlays					
b. Recipient share of outlays					
c. Federal share of outlays					
d. Total unliquidated obligations					
e. Recipient share of unliquidated obligations					
f. Federal share of unliquidated obligations					
g. Total Federal share (Sum of lines c and f)					
h. Total Federal funds authorized for this funding period					
i. Unobligated balance of Federal funds (Line h minus line g)					
11. Indirect Expense		a. Type of Rate(Place "X" in appropriate box) ☐ Provisional ☐ Predetermined ☐ Final ☐ Fixed			
b. Rate		c. Base		d. Total Amount	e. Federal Share
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
A. Block/Formula passthrough \$		B. Federal Funds Subgranted \$		PROGRAM INCOME: C. Forfeit \$ E. Expended \$ D. Other \$ F. Unexpended \$	
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title Vge Garlitz Recorder				Telephone (Area code, number and extension) 541 437-2253	
Signature of Authorized Certifying Official Vge Garlitz				Date Report Submitted	



U.S. Department of Justice

Office of Justice Programs

Washington, D.C. 20531

APR 23 1998

Dear Grant Recipient:

The Office of Justice Programs (OJP) has three Financial Status Reporting methods; the SF-269 (blank form), a computer generated form (referred to as the SF-269A turnaround document), and electronic filing through the LOCES system. If you cannot use electronic filing through the LOCES system, we prefer that you utilize the turnaround document.

Enclosed is a computer generated turnaround document(s) for each of your grants for the current reporting calendar quarter which covers the period of January 1, 1998 through March 31, 1998. Instructions for completion are enclosed. Please remember that reports are considered delinquent if not received 45 days after the end of each calendar quarter. **Funding requests on grants for which quarterly reports are delinquent will be denied.**

If a turnaround document was not produced for a particular grant and the report is now due, please complete and submit a SF-269 (blank form). If a turnaround document is enclosed on a grant for which you previously filed a final SF-269 report, please discard the form.

Mail your completed reports to;
Office of Justice Programs
Attn: Control Desk/Room 5303
810 7th Street, NW
Washington, D.C. 20531

You may fax your reports to any of the following numbers;
(202) 616-5962
(202) 616-9004

If you fax your reports please exclude any cover sheets and do not follow up with a mailed copy.

If you have any questions on the preparation of the SF-269A report, please call (202) 307-3125.

Sincerely,

William R. Allan, Director
Accounting Division, OC

Enclosure (s)

Financial Status Report

SF-269

This quarterly financial status report is due 45 days after the end of the calendar quarter. Please remember this is a report of the status of your expenditures and is not a request for reimbursement of those expenses. To request such reimbursement you must either make an electronic request on LOCES or file a Form H-3. If you plan on faxing your completed report, please exclude any fax cover sheets. Should you experience a delay in accessing our fax line, please mail the completed report to: Office of Justice Programs, Attn: Control Desk Room 970, 633 Indiana Avenue NW, Washington, DC 20531. Please type or print legibly and do not change any preprinted information. If you have already filed a report for the current calendar reporting quarter, please do not complete and return this report. If you have not forwarded your completed report to us, please use this SF 269A form to file your report.

<u>Item</u> 1,2,3	<u>Entry</u> Self-explanatory	<u>Item</u>	<u>Entry</u>
4	Enter the 9 digit recorded on your grant award document.	10	<u>Line D</u> is the total to date of your unpaid obligations. <u>Line E</u> is your share of these unpaid obligations and <u>Line F</u> is the Federal share of unpaid obligations. Please ensure that the total of line E and F is equal to the amount on line D.
5	Identifying number assigned by your organization. If none, leave blank.		<u>Line G</u> is the total Federal share of your cash outlays and unpaid obligations regardless of whether you have received or requested reimbursement. It will be the total of Column 3, Lines C and F.
6	If you have finished expending funds related to this award regardless of whether they have been or will be reimbursed by the Federal Government check "yes". Otherwise check "no".		<u>Line H</u> is the total amount of your award. Change this amount only if you have received a supplemental award which is not reflected in the preprinted total. /
7	Indicate whether your accounting system uses the cash or accrual basis of accounting for recording transactions related to this award.		<u>Line I</u> is the amount of your total award which has not been either expended through a cash outlay, or encumbered by an unpaid obligation. It is the difference between Column 3, Lines H minus G.
8	Enter the begin and end dates of the award period.		
9	Enter the begin and end dates for the current reporting calendar quarter.	11	Please refer to your award documents to complete this section. <u>Line 11 A</u> is self-explanatory. <u>Line 11 B</u> is the indirect cost rate in effect during this current reporting period. <u>Line 11 C</u> is the amount of the base against which the cost rate is applied. <u>Line 11 D</u> is the total amount of indirect costs charged during this current reporting period. <u>Line 11 E</u> is the Federal Government share of the amount reported on line 11 D. Note: If more than one rate was in effect during this report period, attach a schedule showing all applicable rates and amounts for line 11 B through E.
10	<u>Lines A, B and C</u> refer to your cash outlays for this award (i.e. monies you have spent). <u>Column I</u> is for the cumulative total of expenditures for the prior reported calendar quarter. If you wish to correct previously reported quarterly totals, enter the corrected amounts in this column. <u>Column II</u> is for the current reporting calendar quarter outlays. <u>Column III</u> is for the result when adding across the amounts reported in Columns I and II. Please ensure that the total of lines B and C equal the amount reported on line A for each of the columns.	12	Only applies to OJP grantees. Please refer to your award/budget documents to determine what should be reported.
	<u>Lines D, E and F</u> should only be completed if you indicated in Item 7 that you are on the accrual basis of accounting. Lines D, E and F refer to the amount of unpaid obligations or accounts payable you have incurred. Items such as payroll (which has been earned but not yet paid) is an example of an accrued expense.	13	Self-explanatory